

DO YOU REQUIRE A SPECIAL DIET Y N

DO YOU USE TOBACCO Y N

DO YOU USE STREET DRUGS Y N forin, daily for 4 days
MJ

ALCOHOL USE Y N

HAVE YOU HAD ALCOHOLIC SEIZURES OR DT'S Y N

HAVE YOU EVER ATTEMPTED SUICIDE Y N states when she was
deals

ARE YOU THINKING OF HURTING YOURSELF Y N hesitant to say no PLAN Y N

HAS ANYONE IN YOUR FAMILY ATTEMPTED OR COMMITTED SUICIDE Y N unknown

ARE YOU TAKING ANY MEDICATION FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS Y N

HAVE YOU EVER BEEN IN A HOSPITAL FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS Y N

HAVE YOU BEEN TREATED FOR MENTAL ILLNESS Y N

DO YOU HAVE A CASE MANAGER Y N Trevor ACTS

ANY RECENT TRAVEL OUTSIDE OF THE UNITED STATES Y N

MEDICAL INSURANCE unknown

FOLLOW UP MH referral - PRN

INMATE SIGNATURE D. Johnson

MEDICAL SIGNATURE W. M. Johnson, PA